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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/681,788
Filing Date	October 8, 2003
First Named Inventor	Habib Zaghouani
Art Unit	1644
Examiner Name	To be assigned
Attorney Docket Number	07316.0002.CPUS01

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22930

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

22930

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Habib Zaghouani

Date

11/07/2006

Telephone

(513) 884-0659

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ \*Total of 2 forms are submitted.

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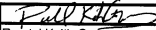
<input type="checkbox"/> Firm or Individual Name			
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**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Randal Keith Gregg		
Date	Nov 30, 2006	Telephone	434-924-1706

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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